

**United States Department of the Interior
BUREAU OF LAND MANAGEMENT
National Human Resources Management Center
Denver Federal Center, Building 50
P.O. Box 25047
Denver, Colorado 80225-0047**

In Reply Refer To:
1400-810(HR-220)P

August 31, 2000

Information Bulletin No. 2000-108

To: All Field Officials

From: Director, National Human Resources Management Center

Subject: Employee Casualty Guide for Managers and Supervisors

Attached is a copy of the Employee Casualty Guide. This guide is designed for managers, supervisors, and other administrative personnel to use when a work-related casualty occurs on the job. It provides step-by-step guidance on how to handle casualties which occur on the job and who is responsible for completing the assignments.

Also, attached is a quick-reference laminated card for supervisors and team leaders to insert into their wallets and use when a casualty occurs in the field or office.

This Guide is a part of the *Guide for Supervisors and Managers*, which you received in December 1996. Please include it in the notebook that was provided to you.

The Employee Casualty Guide for Managers and Supervisors, dated 1990, is canceled and will no longer be used.

Linda D. Sedbrook

1 Attachment
1 - Casualty Guide (28 pp)

cc: SPO's
Safety Managers

Distribution

RS-150A, BLM Library

NI-110, Reading File

HR-220

TABLE OF CONTENTS

APPENDICES	ii
FOREWORD	iii
INTRODUCTION	1
FIRST LINE SUPERVISOR/LEAD AND/OR SENIOR RANKING OFFICIAL.....	3
RESPONSIBLE MANAGEMENT OFFICIAL (RMO)	6
SAFETY OFFICE	8
LAW ENFORCEMENT OFFICE.....	10
FAMILY LIAISON.....	11
SERVICING PERSONNEL OFFICE.....	12
OFFICE OF EXTERNAL AFFAIRS.....	15
SURVIVOR BENEFITS	16

APPENDICES

APPENDIX 1 - CASUALTY LOG

**2 - PERSONAL EMERGENCY INFORMATION CARD
(1400-71)**

3 - SUPERIOR'S REPORT OF EMPLOYEE'S DEATH (CA-6)

**4 - FINAL SALARY CLEARANCE REPORT
(1340-2)**

5 - LETTER OF CONDOLENCE

6 - LETTER EXPLAINING SF-50

**7 - LISTING OF POTENTIALLY INVOLVED FEDERAL
AGENCIES**

FOREWORD

This handbook is designed to assist managers, supervisors, and other administrative personnel when an employee dies on the job as a result of an accident/incident or of natural causes. It is a part of the *Guide for Supervisors and Managers*, which was developed and distributed in December 1996. We recommend that you file this information with that *Guide* so that you will have a ready reference if an employee dies on the job.

To facilitate handling a situation in which an employee dies on the job, enclosed is a quick reference laminated card for supervisors and team leaders to use. Please carry the card with you at all times while you are on official duty.

This handbook does not cover employees who are injured on the job. For information on how to handle employees who are injured on the job, please refer to the handbook entitled "Managing Human Resources, Office of Workers' Compensation Program." This handbook was added to the *Guide for Supervisors and Managers* in May 1997.

The *Guide for Reporting Serious Law Enforcement Incidents* should be used, in conjunction with this handbook, to determine if the incident should immediately be reported to the Department of the Interior.

INTRODUCTION

PURPOSE

The purpose of this handbook is to provide basic guidance to managers, supervisors, and administrative personnel when a Bureau of Land Management (BLM) employee dies on the job.

APPLICABILITY

The provisions of this handbook apply to all management and administrative personnel who have some involvement in processing an employee casualty.

DEFINITIONS

The terminology most frequently used in this handbook is defined as follows:

Casualty - A death of a BLM employee as a result of a job-related accident/incident, an illness, or natural causes.

Casualty Log (BLM Form 1400-113) - Contains a record of all specific information and personal contacts made relative to the casualty.

DASHO - Designated Agency Safety & Health Official. The DASHO for BLM is the Assistant Director, Human Resources Management, located in Washington, D.C.

DOL - Department of Labor

EAP - Employee Assistance Program.

Emergency Card (Form 1400-71) - Includes information regarding notification of next of kin. Check with your Support Services Division regarding where these forms are maintained.

Family Liaison - A BLM employee who will serve as the BLM's representative to the family. If a law enforcement official is the casualty, a law enforcement officer will be appointed as the family liaison.

Final Salary Clearance Report (Form 1340-2) - Completion is required for all separating employees before final salary and lump sum payments are processed.

SAIT - Serious Accident Investigation Team

SPO - Servicing Personnel Office

Payroll Operations Office - An organizational entity of the DOI National Business Center

OSHA - Occupational Safety and Health Administration

Responsible Management Official (RMO) - RMOs may be one of the following, depending on the supervisor's organizational location in the BLM:

State/Associate State Director
Center Directors
Assistant Directors, WO
Field/Center Managers or Assistants
Special Agent-in-Charge

ELEMENTS OF THE HANDBOOK

This guide consists of the following basic elements:

- A. A description of the responsibilities of each of the involved management and administrative personnel.
- B. Step-by-step procedures which must be followed by management and/or administrative personnel.
- C. A list of the benefits for which the survivor may be eligible.

RESPONSIBILITIES

Responsibilities are designated as follows:

- A. Program Responsibility - The Director, Deputy Director, State/Center Directors, and Assistant Directors retain overall responsibility for the safety of employees.
- B. Program Implementation - Manager/supervisors and other administrative staff are responsible for ensuring that employee casualties are taken care of in accordance with established procedures.

FIRST-LINE SUPERVISOR, TEAM LEADER, AND/OR SENIOR RANKING OFFICIAL**OBJECTIVE**

To delineate the responsibility of the first-line supervisor and/or their designee whenever an employee casualty occurs.

RESPONSIBILITIES**First-Line Supervisor**

The supervisor has overall responsibility for securing the site and locating information on whom to notify of the employee's death.

Leader/Ranking Employee

The leader and/or ranking employee of the work group is responsible for assuming control of the situation when an on-the-job casualty occurs and a supervisor is not present.

PROCEDURES

The following procedures must be followed when an employee casualty occurs:

On-the-Job Accident

A. In the supervisor's absence, the lead and/or ranking employee must do the following:

- (1) Account for all employees in the group.
- (2) Call 911 to activate emergency response services and provide basic first aid, if trained.
- (3) Secure the casualty site so that evidence is not disturbed and Government and/or personal property is not unlawfully removed.
- (4) Advise the supervisor of the casualty.

B. The supervisor must do the following:

- (1) Accomplish A (1)-(4) above if present at the casualty site.
- (2) Immediately obtain the specific information regarding the casualty (who, what, when, where, and how) and record it in the casualty log (BLM Form 1400-113, Appendix 1).

- (3) Using the Personal Emergency Information Card (BLM 1400-71) (Appendix 2), identify the names of individuals who must be notified and record this in the casualty log. Once completed, the casualty log should be submitted to the RMO for their use in notifying the next-of-kin.
- (4) If a Personal Emergency Information Card is not available, co-workers, neighbors, or close friends may provide names of individuals who should be contacted. The name, telephone number, home address, and relationship to the deceased should be recorded in the casualty log.
- (5) Notify the second-level supervisor and the RMO of the accident, if they are not one and the same.
- (6) Prepare an Official Superior's Report of Employee's Death, (CA-6), (Appendix 3).
- (7) Prepare a Request for Personnel Action (Standard Form 52) showing date of death.
- (8) Using the automated time and attendance system, annotate the employee's death.
- (9) Ensure that the Final Salary Clearance Report (Form 1340-2 - Appendix 4) is completed.
- (10) Work with SPO to arrange for EAP to provide counseling to affected employees, if it is determined that a counselor is necessary.

Illness/Natural Causes

When an employee dies on the job as a result of illness or natural causes, the following steps should be followed:

- (1) Call 911 to activate emergency response services and provide basic first aid if trained.
- (2) Advise the supervisor of the casualty.

- (3) Using the Personal Emergency Information Card (BLM 1400-71), identify the names of individuals who must be notified.
- (4) If a Personal Emergency Information Card is not available, co-workers, neighbors or friends may provide names of individuals who should be contacted. The name, telephone number, home address, and relationship to the deceased should be recorded in the casualty log.
- (5) Notify the second-level supervisor and the RMO of the death, if they are not one and the same.
- (6) Prepare a Request for Personnel Action (Standard Form 52) showing date of death.
- (7) Using the automated time and attendance system, annotate the employee's death.
- (8) Ensure that the Final Salary Clearance Report (Form 1340-2) is completed.
- (9) Work with the SPO to arrange for EAP to providing counseling to employees, if it is determined that a counselor is necessary.

A CA-6 should **ONLY** be completed when the employee dies as a result of injury in the performance of his/her duties or because of an employment-related disease.

RESPONSIBLE MANAGEMENT OFFICIAL (RMO)**OBJECTIVE**

To delineate the procedures which the RMO must follow when a casualty occurs. The *Guide for Reporting Serious Law Enforcement Incidents* should also be consulted to determine if the incident is a serious law enforcement incident which should immediately be reported to the Department of the Interior. If it is a serious law enforcement incident, the procedures set forth in that guide should also be followed.

PROCEDURES

Once the first-line supervisor has notified the RMO that an employee casualty has occurred, the RMO assumes responsibility and assures that the following steps are accomplished:

On-the-Job Casualty

- A. Notify the State/Center Director and/or WO AD, who in turn will notify the Director, WO-100.
- B. Ensure that the BLM Special Agent-in-Charge (SAC) has been notified.
- C. Ensure that the name(s) of the deceased are not released until the next-of-kin have been notified.
- D. Determine who will serve as the Family Liaison, should the family decide they would like such a representative. If the casualty is a law enforcement officer or fire employee, it is preferable that the family liaison be assigned from the same program area.
- E. Notify the next of kin. When notifying the next of kin, the RMO may want to take someone with them. The RMO should provide the next of kin with the name and telephone number of the family liaison and SPO in the event they need assistance in completing paperwork, etc.
- F. Notify the State Safety Manager of the accident as soon as possible and appoint an SAIT liaison.
- G. Report any fire-related serious accident immediately to the Director, Office of Fire and Aviation.

- H. If an aircraft is involved, notify the Office of Aircraft Services, located in Boise, ID, as soon as possible.
- I. Immediately notify the SPO so that they can notify OWCP. (An autopsy/ toxicology report may or may not be required; OWCP must make this determination.)
- J. Notify the State Office of External Affairs.
- K. If the deceased is an employee of another BLM office, another Federal agency, or a non-Federal organization, establish and maintain communication with that office/organization to ensure the accurate and timely flow of information.
- L. Ensure staff assistants are instructed to route all incoming calls and visitors to the authorized spokesperson.
- M. Record all contacts and actions you have taken in the casualty log.

**Death as a Result of Illness,
or Natural Causes**

If an employee dies on the job as a result of illness/natural causes, the RMO should:

- A. Obtain the specific information regarding the casualty (who, when, where, what, and how.)
- B. Notify the State/Center Director and/or WO AD, the Servicing Personnel Office, State Safety Manager, and law enforcement officer.
- C. Appoint a Family Liaison. If the casualty is a law enforcement officer or a fire fighter, it is preferable that the family liaison be assigned from the same program area.
- D. Using the Personal Emergency Information Card, identify the names of individuals who must be notified and notify the next-of-kin. If possible, the notification should be made in person by at least two people, one of whom knows the deceased or a family member.

SAFETY OFFICE**OBJECTIVE**

To ensure that every casualty is investigated to establish primary and root cause(s) and other contributing factors. To develop countermeasures based on investigative findings and to prevent similar situations from occurring.

RESPONSIBILITIES

Normally the State/Center Safety Manager will be notified by the RMO. However, if the RMO notifies a designated representative in the field, that individual will have the following responsibilities:

- A. Advise the first-level supervisor to secure the scene for an accurate investigation.
- B. Immediately notify the State Safety Manager. In addition, obtain copies of the casualty log to transmit to him/her.

Note: The Field representative does **not** initiate the investigation.

PROCEDURES

The State/Center Safety Manager will:

- A. Advise the first-line supervisor to ensure the accident scene is secure in accordance with Appendix 1.
- B. Immediately notify the Bureau Safety Manager. Provide assistance as needed.
- C. Report the casualty within eight (8) hours to the nearest OSHA office.
- D. If the responsibility is assigned to the State Safety Office, immediately notify the DOL Office of Workers Compensation Program either by telephone, fax or electronic mail. Submit to OWCP the Official Superior's Report of Employee Death (CA-6) completed by the supervisor, along with a death certificate and a newspaper clipping if available.

The death certificate must be sent as soon as it is available.

- E. Immediately notify the appropriate DOI Solicitor's Office.

Note: State/Center Safety Manager does not initiate the investigation. It is initiated by the Bureau Safety Manager.

The Bureau Safety Manager will:

- A. Advise the State/Center Safety Manager to ensure that the accident scene is secure.
- B. Assemble a Serious Accident Investigation Team (SAIT) in accordance with DM 485.7. Remain in contact with the investigation team to provide support as necessary.
- C. Notify the BLM and the Department DASHO, along with the DOI Managing Risk and Public Safety Office (MRPS).

LAW ENFORCEMENT OFFICE**OBJECTIVE**

To assist in the investigation of accidents/incidents. If a BLM Ranger or Special Agent is killed, the RMO will immediately notify the Special Agent-in-Charge, who will conduct the investigation in accordance with Law Enforcement's General Orders.

PROCEDURES

The Law Enforcement Office will ensure that the following is accomplished:

- A. If the casualty is a law enforcement officer:
 - (1) Have the law enforcement staff serve as the lead in investigating the incident.
 - (2) Appoint a law enforcement officer to the SAIT.
 - (3) Notify the Chief, Law Enforcement, of the casualty and keep that office apprised of the status of the investigation of the incident, pursuant to *A Guide for Reporting Serious Law Enforcement Incidents*.
 - (4) Coordinate with the Office of External Affairs on the release of information about the incident.
 - (5) Assist in the notification of next-of-kin and in providing support and assistance to family members.
 - (6) Arrange for peer supporters to provide counseling services for employees who are affected by the accident/incident.
- B. For casualties that do not involve law enforcement personnel, one or more law enforcement officials may be designated to serve on the accident investigation team, as requested by the appropriate Safety Office.

FAMILY LIAISON

OBJECTIVE

To establish and maintain open lines of communication between the BLM and the next-of-kin/survivors.

RESPONSIBILITIES

The RMO is responsible for the following:

- D. When an employee casualty occurs, a Family Liaison must be appointed by the RMO to provide assistance to the survivor, beneficiary, or next-of-kin.
- E. When the casualty involves a fire or a law enforcement official, the family liaison should be from the same program area.

PROCEDURES:

The following specific procedures should be accomplished by the Family Liaison if requested by the next-of-kin/survivors and/or the RMO:

- A. Maintain a log of all contacts with the next of kin.
- B. Provide assistance with completing the paperwork needed to obtain benefits if requested or provide the name and telephone number of the contact in the Servicing Personnel Office who can assist the next-of-kin in completing the paperwork.
- C. Gather the deceased employee's personal effects from the desk/work area. These personal effects should not be removed until any investigations are completed.
- D. Provide information to the workforce regarding funeral arrangements, memorial services, needs of the family, etc.
- E. Represent BLM at the funeral or memorial service, if possible.

SERVICING PERSONNEL OFFICE

OBJECTIVE

To assist management in ensuring that the employee's beneficiaries receive the benefits to which they are entitled.

PROCEDURES

The following are procedures which must be completed by either the Field Support Services staff or the Servicing Personnel Office, depending on where the responsibility is delegated.

- A. Review the Official Personnel Folder (OPF) to determine who the survivors are, who is entitled to benefits, what the specific benefits are, and how benefits may be obtained.
- B. Immediately notify the Department of Labor (DOL) Office of Worker's Compensation Programs of the casualty by telephone, fax or electronic mail. Submit to OWCP the Official Superior's Report of Employee Death (Form CA-6) completed by the supervisor, along with a death certificate and a newspaper clipping, if available. The death certificate must be sent as soon as it is available.
- C. Prepare a letter of condolence for State/Center Director or WO AD signature. Refer to the sample provided in Appendix 5.
- D. Contact the Payroll Operations Office to obtain an estimated figure of unpaid compensation due to the survivor/beneficiary/next-of-kin. This information should be shared with the RMO.
- E. Provide assistance to the survivors, beneficiaries, or next-of-kin in completing claims for benefits if necessary. The Servicing Personnel Office will review all forms for completeness prior to submitting them to appropriate Federal offices.
- F. Obtain from the next-of-kin/beneficiary sufficient certified copies (with raised seal) of the death certificate to accompany benefit claims. Copies are required for the following agencies, as applicable to the situation:
 - (1) DOL Office of Worker's Compensation Programs (OWCP) if appropriate.

- (2) Office of Personnel Management (OPM) to claim survivor benefits under the retirement system or the refund of retirement funds.
- (3) Office of Federal Employees Group Life Insurance.
- (4) Thrift Savings Plan.
- (5) Department of Defense (if employee was retired military).
- (6) Payroll Operations Office .
- (7) Department of Justice (if employee was performing law enforcement or firefighting duties and died in the line of duty).
- (8) Two or three additional copies for other life insurance policies, such as the Social Security Administration and the Veterans Administration if employee was a veteran.

G. When and if appropriate, arrange for an Employee Assistance Program Counselor to come on-site to counsel employees. It is generally recommended that a counselor (peer, Critical Incident Stress Officer (CISO), EAP) be made available one or two days after the casualty occurrence, depending on the level of trauma involved.

H. Provide to the deceased employee's survivor, beneficiary, or next-of-kin the "employee" copy of the Notification of Personnel Action, Standard Form 50 (SF-50), along with a letter explaining that the SF-50 may be needed when submitting claims for benefits (See Appendix 6 for Sample.).

I. Establish and maintain a case file of all relevant correspondence and information. At a minimum, the case file should include:

- (1) Copies of all OWCP claim forms, if appropriate.
- (2) Copies of all benefit claim forms.

- (3) A copy of the death certificate.
- (4) A copy of the SF-50.
- (5) Copies of SPO correspondence to and from the survivors/next-of-kin/beneficiaries.

OFFICE OF EXTERNAL AFFAIRS

OBJECTIVE

To work closely with the supervisor/manager to disseminate accurate and timely information to the public, press, media, etc., and to coordinate the release of information to all internal and external entities.

RESPONSIBILITIES

The following are some of the responsibilities of the External Affairs office if an employee casualty occurs; however, this list is not all inclusive. Steps will vary according to circumstances.

- A. Assist the RMO in developing a "prepared statement" of the facts surrounding the casualty for release to the media.
- B. Assure that the name(s) of deceased are not released until next of kin are notified.
- C. Issue regular internal and external information updates.
- D. Coordinate with the appropriate BLM Special Agent-in-Charge on the release of information in cases where the deceased is in a BLM law enforcement position.
- E. Submit an early alert of the casualty situation to the WO BLM Office of External Affairs and provide them with periodic updates.

SURVIVOR BENEFITS

Benefits vs. Type of Appointment

The purpose of this section is to list the benefits that may be payable to qualified survivors upon the death of a BLM employee. Benefits will vary according to the type of appointment held and whether the death was work related or resulted from natural causes that occurred on the job. The type of employment status and the benefits that may be payable for each are outlined below. Details of these benefits may be obtained from the employee's servicing personnel office:

Career/Career Seasonal/Career Conditional/Term/SCEP Employees: Employees whose work schedule may be full-time, part-time, or when actually employed (WAE).

Office of Worker's Compensation Program (OWCP) Benefits
Civil Service Retirement System (CSRS) Benefits
Federal Employees Retirement System (FERS) Benefits
Thrift Savings Plan Benefits
Social Security (Old-Age, Survivors and Disability Insurance (OASDI)) Benefits
Federal Employees Group Life Insurance (FEGLI) Benefits
Federal Employees Health Benefits (FEHB)
Unpaid Compensation (leave, travel, last paycheck)
Public Safety Officers (PSO) Benefits
Veterans Benefits

STEP Employees: Federal Employee's Health Benefits (FEHB) after one year of employment.

Temporary Employees: Non permanent employees who normally work less than twelve (12) months at a time on a full-time, part-time, seasonal, or intermittent basis:

OWCP Benefits	OASDI Benefits
Unpaid Compensation	PSO Benefits
	Veterans Benefits

Volunteers: Persons who formally apply for and are accepted to work without compensation. A volunteer may work part-time or full-time, or on a one-time service project.

OWCP Benefits
PSO Benefits
Veterans Benefits

APPENDICES

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
CASUALTY LOG

Record all information/action taken in relation to this casualty.

Personal Information:

Full Name: _____ Date/Time occurred: ____/____/____ ____:____ am pm
Age: _____ Home address: _____
Duty location: _____
Next-of-kin: _____ Relationship: _____
Contact number: () _____ - _____

Incident/Accident Information:

What happened:

Where:

Site secured: Yes ____ No ____ Date ____/____/____ Responsible Party _____

List of personnel contacted: - Do Not call employees's spouse or next-of-kin - this done by RMO					
	Name	Yes	No	Date	Responsible Party
Field Manager					
Safety					
LE					
Fire					
Public Affairs Office					
SPO					

Was next-of-kin notified: Yes ____ No ____ Date/Time ____/____/____ ____:____ am pm
Responsible Party _____

Family Liaison appointed: _____

Additional contacts/actions:

NHRMC June 2000

Form 1400-71(296)
(June 1988)

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Date of the card

**PERSONAL EMERGENCY INFORMATION
CARD**

Employee Name (<i>last, first, middle initial</i>)	Home Address (<i>include zip code</i>)		Home Phone*
NAME	RELATION	ADDRESS (include zip code)	PHONE*
1.			
2.			
3.			

FAMILY DOCTOR(S)

NAME	ADDRESS (include zip code)	OFFICE PHONE*
1.		
2.		
3.		

(Continued on reverse)

*Include area code

Are you covered under a health benefit plan? ☐ Yes ☐ No If yes, name of the plan:

Enrollment code:	Hospital preference:
Blood type:	Allergies:
Handicap(s):	

Medication(s) you are required to take daily:

Medical Alert Conditions which should be known in an emergency:

Special Instructions:

NOTICE

This information is being collected pursuant to Title 5 U.S.C. Section 7901, which provides for the establishment of procedures to deal with emergency situations. The information in this record card will be used only in an emergency to speed the provision of medical care and/or to notify a relative(s) or other person(s) Specified of an accident or injury. This record card will not be used for any other purposes. The disclosure of this information is strictly voluntary and there will not be any adverse effects on your employment status if you do not complete this record card.

U.S. Department of Labor
Employment Standards Administration
Office of Worker's Compensation Programs

1. Name of Deceased Employee (Last, first, middle)		2. Date of Birth (Mo., day, year)		3. <div> <div> Male Female </div> </div>		4. Social Security No.	
5. Department or Agency			6. OWCP Agency Code			7. OSHA Site Code	
8. Name and Address of Reporting Office			9. Name and Office Phone Number of Employee's Official Superior				
10. Date and Hour of Injury (Mo., day, year) <div>AM PM</div>		11. Date and Hour of Death (Mo., day, year) <div>AM PM</div>		12. Date and Hour Employee's Pay Stopped (Mo., day, year) <div>AM PM</div>			
13. Describe how injury occurred			14. Was employee in performance of duty when injury occurred? <div>YesNo (if No, explain):</div>				
15. Location where injury occurred		16. Location where death occurred		17. Immediate cause of death (Attach medical and autopsy report if available)			
18. Employee's pay rate as of A. Date of injury B. Date pay stopped		a. Base pay \$ per \$ per		b. Subsistence \$ per \$ per		c. Quarters \$ per \$ Per	
						d. Other \$ per \$ per	
19. Did employee work in position held at time of injury for a full eleven months immediately prior to the injury? yesno				20. If answer to 19 is no, would position have afforded employment for eleven months except for the injury? yesno			
21. Did employee receive leave pay for any part of period from time pay stopped to date of death? (Give inclusive dates) FromTo				22. a. Occupation code			
				b. Type code		c. Source code	
OWCP use - NOI code							
23. Did employee receive continuation of pay (COP) during period prior to death?				24. If employee was enrolled in Health Benefit Plan for self and family, show HBS Code Number			
a. Pay rate used for COP \$ per		b. Inclusive dates of COP FromTO					
25. Show date through which HBS deductions were last made (Mo., day, year)		26. Identify employee's Federal Retirement Plan: CSBS FERS Other _____			27. If employee received medical care prior to death, give name and address of attending physician.		
28. If injury was caused by a third party, give name and address of third party		29. Give name and address of the attorney representing the survivors if legal action is instituted against the third party			30. Show amount of third party recover, if any \$		
31. If employee was a member of the Armed Services in the United States show: Branch of Service: Serial No. (If known)				32. Has claim for survivor's benefits been filed with the Office of Personnel Management? YesNo			
33. Name and address of employee's spouse or next of kin (Show relationship, if other than spouse)							

NHRMC June 2000

Appendix 5

1400-xxx (HR-220)

Addressed to Survivor/Beneficiary

Dear *name*:

I wish to express my sympathy concerning the loss of your (husband/wife/father, etc.). (*Name*) was a valued employee while working for (*name of division*) with the Bureau of Land Management. (*Enter a short description describing the deceased accomplishments or if appropriate, description of a particularly noteworthy occasion. This information should come from, and be provided by deceased employee's supervisor.*)

(*First name*) will be missed by (*his/her*) co-workers, supervisors, and managers within the Bureau of Land Management, both personally and professionally.

I have asked _____ to be available should you be in need of assistance or have any questions that you would like to ask with regard to your (*husband's/wife's/son's/etc.*) benefits. (*His/her*) telephone number is _____.

With Sympathy,

State Director

1400-xxx (HR-220)

Addressed to Survivor/Beneficiary

Dear *name*:

Please accept our condolences for the loss of your *describe relationship, i.e., spouse.*

Enclosed is a copy of the Notification of Personnel Action (SF-50B). This document may be needed when you apply for the various benefits to which you are entitled. We recommend that you retain a copy of this document in your files as you may need it at some future date.

If you have questions with regard to this document or are in need of assistance, please call _____ at _____.

Sincerely,

Personnel Officer

1 Enclosure

1 - Notification of Personnel Action (SF-50B)

LISTING OF POTENTIALLY INVOLVED FEDERAL AGENCIES

Bureau of Land Management

Bureau Safety Manager Telephone number

Office: 303-236-2530

Cell: 303-568-2438

In the event of Bureau Safety Manager's absence call

Office: 303-236-9423

Cell: 303-887-1255

In the event of both being gone, call the BLM Safety Manager's administrative assistant

Office: 303-236-2528

Department of the Interior

303-236-7028

Office of Aircraft Services (OAS)

OAS Main Office phone number

208-387-5750

2350 West Robinson Road

Boise, ID 83705-5355

or

P.O. Box 15428

Boise, ID 83715-5428

Office of Workers Compensation

http://www.dol.gov/dol/esa/public/owcp_org.htm

Regional Phone numbers -

1. **District Office 12 - Denver**
(Colorado, Montana, No. Dakota, So. Dakota, Utah and Wyoming)
(303-844-1310)*

U.S. Department of Labor, OWCP
1801 California Street, Suite 915
Denver, CO 80202-2614

2. **District Office 13 - San Francisco**
(Arizona, California, Hawaii, and Nevada)
415-975-4090*

*(The Interactive Voice Response System can also be accessed from this number.)

U.S. Dept. Of Labor, OWCP
71 Stevenson Street
San Francisco, CA 94105

or write to:

NHRMC June 2000
Appendix 7-2

P.O. Box 3769
San Francisco, CA 94119-3769

3. **District Office 14 – Seattle**
(Alaska, Idaho, Oregon, and Washington)
206-553-5508*

U.S. Dept. Of Labor, OWCP
1111 Third Avenue, Suite 615
Seattle, WA 98101-3212

4. **District Office 16 – Dallas**
(Arkansas, Louisiana, New Mexico, Oklahoma, Texas)
214-767-4707
214-767-4360 - Interactive Voice Response System

U.S. Department Of Labor, OWCP
525 Griffin Street, Room 100
Dallas, TX 75202

5. **District Office 25 – Washington, D.C.**
(District of Columbia, Maryland, and Virginia, all areas outside the U.S.,
its possessions, territories, and trust territories; and all special claims.
214-767-4707
214-767-4360 - Interactive Voice Response System
*(The interactive voice response systems can be accessed from these numbers.)

U.S. Dept. Of Labor, OWCP
800 N. Capitol Street, NW, Room 800
Washington, D.C. 20211
202-565-9770* (D.C., Maryland and Virginia)

Occupational Safety and Health Administration (OSHA)

<http://www.oas.gov>

To report a fatality call 1-800-321-OSHA (6742)
as soon as possible and no later than eight hours after the death.
Ref. OSHA 29 CFR 1960.70.

Social Security Administration

Information about claims 1-800-772-1213

<http://www.ssa.gov>

Employee Assistance Program Public Health Service

Please fill in EAP local phone number _____

